	Approval: Supervisor	
	Director	
To be	e completed by Travel Dept:	
Trave	vel Order Number:	
Task	z Number:	
Estin	nated Total Cost of trip:	
Share	re paid by GFDL:	
1.	Name of traveler:	
2.	Specific purpose of travel (include name of group sponsoring conference/n etc.):	neeting,
		_
		_
3.	Dates of meeting/conference:	
4.	Location of meeting/conference (city & state or country):	
5.	Title of paper/lecture to be presented:	
6.	Were you invited to present the paper/lecture? Yes No	_
7.	Will this trip be charged to GFDL? Yes No	
	If "No", Name of Organization charged:	
8.	Departure date:	

Date of Request:

Return date:				
Will you use annual leave	e during this trip? Yes	s No		
If yes, please list the date	s: from	to		
Circle all types of transpo	ortation to be used:			
air	private auto	lir	mousine	
rail (Metroliner)	Govt. auto	re	ntal	
rail (regular coach)	bus			
Registration amount:				
Reservations required (Cato travel; airport you wan			include date	 e/time you v
Reservations required (Coto travel; airport you wan a. AIR/RAIL	t to use; type of room	i, etc.):		·
to travel; airport you wan	t to use; type of room	ı, etc.):		
to travel; airport you wan a. AIR/RAIL	t to use; type of room	ı, etc.):		

^{*}When a rental car is essential, an economy-type or compact vehicle must be used. NOAA will not pay the collision damage waiver insurance. The agency can, in certain circumstances, pay for damage to rented vehicles.